

# STATE of ARKANSAS

Department of Finance and Administration

## 2005 Edward Byrne Memorial Justice Assistance Grant Program

### Grant Application Packet

Mike Huckabee  
Governor

Richard A. Weiss  
Director

Submit completed applications  
to:

Office of Intergovernmental Services  
1515 West Seventh Street, Suite 400  
Post Office Box 8031  
Little Rock, Arkansas 72203-8031

State Contacts:  
Ann Purvis, Administrator  
Everlean Porter, Program Manager

Deadline: 4:30 p.m. Monday, May 9, 2005

STATE OF ARKANSAS  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
INTERGOVERNMENTAL SERVICES  
JUSTICE ASSISTANCE PROGRAM  
POST OFFICE BOX 8031  
LITTLE ROCK, ARKANSAS 72203-8031  
(501) 683-0926

**APPLICATION FORMS**

The following pages contain the Justice Assistance Program Subgrant Application. These forms are to be used by applicants who wish to apply for a subgrant. All forms are to be completed. No forms are to be omitted unless indicated in the instructions. **Please return this form page with your completed application indicating which forms apply to your application.**

<u>FORM NUMBER</u>	<u>FORM TITLE</u>	<u>APPLICATION FORM REQUIRED BY</u>		<u>FORM COMPLETED BY AGENCY</u>
		<u>LOCAL AGENCY APPLICANT</u>	<u>STATE AGENCY APPLICANT</u>	
424	OMB Standard Federal Assistance	X	X	_____
CH 1	Supplementary Grant Information		X	_____
CH 2	State Clearinghouse Application Supplement		X	_____
IGS 1	General Project Information	X	X	_____
IGS 2	Salary/Fringe Budget Narrative	X	X	_____
IGS 2-A	M & O Budget Narrative	X	X	_____
IGS 2-B	Training/Travel Budget Narrative	X	X	_____
IGS 2-C	Contractual Services Budget Narrative	X	X	_____
IGS 2-D	Equipment Budget Narrative	X	X	_____
IGS 2-E	Confidential Funds Budget Narrative	X	X	_____
IGS 3	Detailed Program Budget	X	X	_____
IGS 4	Problem Statement Historical/Data	X	X	_____
IGS 5	Goals-Objectives-Critical Elements	X	X	_____
IGS 6	Implementation Plan	X	X	_____
IGS 7	Performance Measures	X	X	_____

FORM NUMBER	FORM TITLE	APPLICATION FORM REQUIRED BY		FORM COMPLETED BY AGENCY
		LOCAL AGENCY APPLICANT	STATE AGENCY APPLICANT	
<b><u>CERTIFICATION</u></b>				
CER-1	Assurances	X	X	_____
CER-2	Audit Cost	X	X	_____
CER-3	Lobbying, Debarment & Drug Free Workplace	X	X	_____
CER-4	Intergovernmental Agreement	(All Task Force Grants)		_____
CER-5	Employment of Qualified Personnel	X	X	_____
CER-6	Third Party Matching	X	X	_____

This project is supported by the Edward Byrne Memorial Justice Assistance Grant Program awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice Delinquency Prevention, and the Office of Victims of Crime which are all divisions within the U. S. Department of Justice.

OMB Standard Federal Assistance Form (424)

Form can be obtained by going to [www.whitehouse.gov/omb/grants/sf424.pdf](http://www.whitehouse.gov/omb/grants/sf424.pdf). Replace Pages 1 & 2 with Form 424.

Instructions for OMB Standard Federal Assistance  
Form 424

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(REQUIRED BY STATE AGENCIES ONLY)  
**SUPPLEMENTARY GRANT INFORMATION**  
(Form CH 1)

APPLICANT: \_\_\_\_\_

PROJECT DURATION: \_\_\_\_\_

Name of Funding Agency: \_\_\_\_\_

Part I: Project Description: Briefly describe the purpose of the grant, the work to be done and the projected accomplishments:

Part II: Budgetary Information:

	<u>Applicant</u>	<u>Other Federal</u>	<u>State Local (Specify)</u>	<u>Total</u>
Personal Services	\$ _____	\$ _____	\$ _____	\$ _____
Supplies & Materials	_____	_____	_____	_____
Travel	_____	_____	_____	_____
Capital Outlay	_____	_____	_____	_____
Consultant Services	_____	_____	_____	_____
Other	_____	_____	_____	_____
Total	\$ _____	\$ _____	\$ _____	\$ _____
Indirect Cost ( _____ %)	_____	_____	_____	_____
Total Support	\$ _____	\$ _____	\$ _____	\$ _____

Indicate Other Sources: \_\_\_\_\_

Indicate "In-Kind" support by an ( \* ) next to amount.

If the project is for more than one year, you should submit a separate budget for each applicable year.

(REQUIRED BY STATE AGENCIES ONLY)

**STATE  
CLEARINGHOUSE**

(Form CH 2)

1. IF THIS IS A "NOTIFICATION OF INTENT" TO APPLY OR A PREAPPLICATION, PLEASE CHECK THIS BOX AND INDICATE GRANT I. D. ASSIGNED.  
GRANT I. D. \_\_\_\_\_ X (8)
2. IF THIS IS AN ACTUAL GRANT APPLICATION, PLEASE CHECK THIS BOX ☐, AND INDICATE GRANT I. D. ASSIGNED. GRANT I. D. \_\_\_\_\_ X (8)
- \*NOTE: IF A NOTIFICATION OF INTENT OR PREAPPLICATION HAS BEEN PREVIOUSLY SUBMITTED, USE THAT I. D. TO COMPLETE ITEM 2 AND INDICATE SAI# THAT WAS ASSIGNED TO THE NOI OR PREAPP.  
SAI # \_\_\_\_\_ X (8)
3. IF THIS IS AN APPLICATION FOR SUPPLEMENTAL FUNDS OR IS A REVISION, PLEASE INDICATE ORIGINAL GRANT I. D. AND SAI # TO WHICH IT APPLIES.  
GRANT I. D. \_\_\_\_\_ X (8) SAI # \_\_\_\_\_ X (8)
4. GRANT YEAR \_\_\_\_\_ XX
5. GRANT START DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ GRANT END DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ (mo./day/yr.)
6. APPLICANT (AGENCY) CODE \_\_\_\_\_ X (7) (see Applicant Code List)
7. GRANTOR CODE \_\_\_\_\_ X (5) (see Grantor Code List)
- (1) ORGANIZATION UNIT \_\_\_\_\_
9. FUNDING PERCENTAGE REQUIREMENTS:  
FEDERAL \_\_\_\_\_% STATE \_\_\_\_\_% OTHER \_\_\_\_\_%
10. TYPE OF ASSISTANCE (A THROUGH P) \_\_\_\_\_ (see instructions on previous page)
11. METHOD OF FUNDING \_\_\_\_\_
1. ADVANCE BY TREASURY CHECK 2. REIMBURSEMENT BY TREASURY CHECK  
3. ADVANCE BY LETTER OF CREDIT 4. REIMBURSEMENT BY LETTER OF CREDIT
12. FEDERAL FUNDS FOR THIS GRANT WILL BE RECEIVED DIRECTLY FROM (CHECK ONE)  
☐ A FEDERAL AGENCY ☐ ANOTHER STATE AGENCY ☐ OTHER SOURCE  
\*\*If source is OTHER please specify \_\_\_\_\_
13. DO YOU HAVE AN INDIRECT COST RATE? ☐ YES ☐ NO
14. IF YES, IS THE RATE BEING APPLIED TO THIS PROJECT? ☐ YES ☐ NO

15. A. DIRECT COST BASE	B. INDIRECT COST RATE	C. INDIRECT COSTS CLAIMED*
\$	%	\$
(2) EXPLANATION*		

GRANT COORDINATOR \_\_\_\_\_  
Signature

AGENCY \_\_\_\_\_

DATE \_\_\_\_\_

(REQUIRED BY STATE AGENCIES ONLY)

STATE CLEARINGHOUSE  
**APPLICATION SUPPLEMENT INSTRUCTIONS**  
 (Form CH 2)

1. Self Explanatory

2. Self Explanatory

(3) Self Explanatory

Note: Grant I. D.'s are assigned by the agency submitting the application. Care should be taken to ensure that only one (1) Grant I. D. is assigned to any project. All Notifications of Intent, Pre-applications, Revisions and Supplemental applications for one grant project for the fiscal year should have the same Grant I. D. Up to eight digits may be used.

4. Grant Year: This two-digit field is considered to be part of the grant identifier and is used to help keep the Grant I. D. unique. The federal fiscal year in which the grant starts is usually entered here.

5. Grant Start Date: Month, day and calendar year in which the grant or project will begin. Grant End Date: Month, day and calendar year in which the grant or project will end.

6. Applicant Code: Use your agency's three-digit agency code as listed in the applicant code list. If you are not a state agency, use the appropriate applicant code from the applicant code list.

7. Grantor Code: List the code of the state or federal agency from which you will directly receive the grant funds.

8. Organization Unit: If you are receiving the grant directly from a federal agency, list the local, regional or programmatic unit making the award. For example, OHD is an organizational unit of DHEW.

9. Funding Percentage Requirements: Percent of total funds that are federal, state or other.

10. Type of Assistance: (A) Formula Grants; (B) Project Grants; (C) Direct Payments for Special Use; (D) Direct Payment with Unrestricted Use; (E) Direct Loans; (F) Guaranteed/Insured Loans; (G) Insurance; (H) Sale, Exchange or Donation of Property and Goods; (I) Use of Property, Facilities of Equipment; (J) Provision of Specialized Services; (K) Advisory Services and Counseling; (L) Dissemination of Technical Information; (M) Training; (N) Investigation of Complaints; (O) Federal Employment and (P) Research Contracts.

11. Self Explanatory

12. Self Explanatory

13. Self Explanatory

14. Self Explanatory

15. A. What is the dollar base your Indirect Cost Ratio is determined from?  
 Either Total Direct Costs or Direct Salaries and Wages.
- B. What is your Indirect Cost Rate Percentage?
- C. How much (dollars) are you claiming as indirect costs on this project?
- (4) If costs claimed in item I are less or greater than A x B, explain.

## STATE AND AREAWIDE CLEARINGHOUSES

### ARKANSAS STATE CLEARINGHOUSE (SPOC)

P.O. BOX 8031  
1515 WEST 7<sup>TH</sup> – ROOM 412  
LITTLE ROCK, AR 72203-8031

MANAGER:  
SECRETARY:  
PHONE:  
FAX:

TRACY L. COPELAND  
THOMAS HERNDON  
(501) 682-1074  
(501) 682-5206  
[tracy.copeland@dfa.state.ar.us](mailto:tracy.copeland@dfa.state.ar.us)  
[thomas.herndon@dfa.state.ar.us](mailto:thomas.herndon@dfa.state.ar.us)

### **#1      CENTRAL ARKANSAS PLANNING AND DEVELOPMENT DISTRICT, INC.**

115 JEFFERSON STREET  
P.O. BOX 300  
LONOKE, AR 72086-0300

EXEC. DIRECTOR:    RODNEY LARSEN  
CONTACT:            LIBBY FORT  
                             or MARTHA BOYD  
PHONE:                (501) 374-4669, or  
                             (501) 676-2721  
FAX:                    (501) 676-5020

COUNTIES SERVED: LONOKE, PRAIRIE, MONROE, FAULKNER  
(PULASKI & SALINE)

### **#2      WHITE RIVER PLANNING AND DEVELOPMENT DISTRICT, INC**

1652 WHITE DR.  
P. O. BOX 2396  
BATESVILLE, AR 72503

EXEC. DIRECTOR:    VAN C. THOMAS  
CONTACT:            EDNA GUNN  
PHONE:                (870) 793-5233  
FAX:                    (870) 793-4035

COUNTIES SERVED: WHITE, CLEBURNE, WOODRUFF, JACKSON, SHARP,  
FULTON, IZARD, STONE, VAN BUREN, AND INDEPENDENCE

### **#3      EAST ARKANSAS PLANNING AND DEVELOPMENT DISTRICT, INC.**

2905 KING STREET  
P. O. BOX 1403  
JONESBORO, AR 72403

EXEC. DIRECTOR    RICHARD SPELIC  
CONTACT:            NICOLE GIST  
PHONE:                (870) 932-3957  
FAX:                    (870) 932-0135

COUNTIES SERVICED: RANDOLPH, CLAY, GREENE, LAWRENCE, CRAIGHEAD  
CROSS, POINSETT, MISSISSIPPI, ST. FRANCIS, LEE, PHILLIPS, (CRITTENDEN)

### **#4      NORTHWEST ARKANSAS ECONOMIC DEVELOPMENT DISTRICT, INC.**

818 HWY 62-65 412 NORTH  
P. O. BOX 190  
HARRISON, AR 72602-0190

EXEC. DIRECTOR    MIKE NORTON  
CONTACT:            LIBBY LANE  
PHONE:                (870) 741-5404  
FAX:                    (870) 741-1905

COUNTIES SERVED: MADISON, CARROLL, BOONE, MARION, BAXTER,  
SEARCY, NEWTON, (BENTON & WASHINGTON)

## **STATE AND AREAWIDE CLEARINGHOUSES**

### **#5     SOUTHEAST ARKANSAS ECONOMIC DEVELOPMENT DISTRICT, INC.**

721 S. WALNUT  
P.O. BOX 6806  
PINE BLUFF, AR 71611

EXEC. DIRECTOR:  
CONTACT:  
PHONE:  
FAX:

GLENN E. BELL  
MONICA TUCKER  
(870) 536-1971  
(870) 536-7718

COUNTIES SERVED: ASHLEY, BRADLEY, CHICOT, CLEVELAND, DESHA,  
DREW, GRANT, ARKANSAS, LINCOLN (JEFFERSON)

### **#6     SOUTHWEST ARKANSAS PLANNING AND DEVELOPMENT DISTRICT**

600 BESSIE  
P.O. BOX 767  
MAGNOLIA, AR 71754-0767

EXEC. DIRECTOR:  
CONTACT:  
PHONE:  
FAX:

TERRY SHERWOOD  
BLAKE HARRELL  
(870) 234-4030  
(870) 234-0135

COUNTIES SERVED: DALLAS, CALHOUN, COLUMBIA, HEMPSTEAD, HOWARD, UNION,  
LITTLE RIVER, LAFAYETTE, NEVADA, OUACHITA, SEVIER, (MILLER)

### **#7     WEST CENTRAL ARKANSAS PLANNING AND DEVELOPMENT DISTRICT**

835 CENTRAL AVE., SUITE 201  
REGIONS TOWER  
P.O. BOX 21100  
HOT SPRINGS, AR 71903

EXEC. DIRECTOR:  
CONTACT:  
PHONE:  
FAX:

PAT JEUSEL  
MARY JANE HAZEN  
or LISA BROWN  
(501) 525-7577  
(501) 525-7677

COUNTIES SERVED: CLARK, CONWAY, GARLAND, HOT SPRING, JOHNSON, POPE,  
PERRY, PIKE, MONTGOMERY, YELL

### **#8     WESTERN ARKANSAS PLANNING AND DEVELOPMENT DISTRICT**

1109 SOUTH 16<sup>TH</sup> STREET  
P.O. BOX 2067  
FORT SMITH, AR 72902

EXEC. DIRECTOR:  
CONTACT:  
PHONE:  
FAX:

JOHN GUTHRIE  
RHONDA BELL  
(479) 785-2681  
(479) 785-1964

COUNTIES SERVED: LOGAN, FRANKLIN, POLK, SCOTT

### **#9     ARKHOMA REGIONAL PLANNING COMMISSION**

P.O. BOX 2067  
FORT SMITH, AR 72902

EXEC. DIRECTOR:  
CONTACT:  
PHONE:  
FAX:

JOHN GUTHRIE  
RHONDA BELL  
(479) 785-2651  
(479) 785-1964

COUNTIES SERVED: CRAWFORD AND SEBASTIAN

## STATE AND AREAWIDE CLEARINGHOUSES

### **#10    METROPLAN**

501 WEST MARKHAM STREET  
SUITE B  
LITTLE ROCK, AR 72201

<b>EXEC. DIRECTOR:</b>	<b>JIM MCKENZIE</b>
<b>CONTACT:</b>	<b>RICHARD K. MAGEE</b>
<b>PHONE:</b>	<b>(501) 372-3300</b>
<b>FAX:</b>	<b>(501) 371-8060</b>

**COUNTIES SERVED: PULASKI AND SALINE**

### **#11    SOUTHEAST ARKANSAS REGIONAL PLANNING COMMISSION**

1300 OHIO STREET  
P.O. BOX 8398  
PINE BLUFF, AR 71611

<b>EXEC. DIRECTOR</b>	<b>ALLAN SKINNER</b>
<b>CONTACT:</b>	<b>JERRE GEORGE</b>
<b>PHONE:</b>	<b>(870) 534-4247</b>
<b>FAX:</b>	<b>(870) 534-1555</b>

**COUNTIES SERVED: JEFFERSON**

### **#12    ARK-TEX COUNCIL OF GOVERNMENTS**

122 PLAZA WEST  
P.O. BOX 5307  
TEXARKANA, TX 75505

<b>EXEC. DIRECTOR:</b>	<b>L.D. WILLIAMSON</b>
<b>CONTACT:</b>	<b>SHARON PIPES</b>
<b>PHONE:</b>	<b>(903) 832-8636</b>
<b>FAX:</b>	<b>(903) 832-3441</b>

**COUNTIES SERVED: MILLER**

### **#13    NORTHWEST ARKANSAS REGIONAL PLANNING COMMISSION**

1311-A CLAYTON STREET  
SPRINGDALE, AR 72762

<b>EXEC. DIRECTOR</b>	<b>JEFF HAWKINS</b>
<b>CONTACT:</b>	<b>JEFF HAWKINS</b>
<b>PHONE:</b>	<b>(479) 751- 7125</b>
<b>FAX:</b>	<b>(479) 751-7150</b>

**COUNTIES SERVED: BENTON AND WASHINGTON**

ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION  
OFFICE OF INTERGOVERNMENTAL SERVICES

**GENERAL PROJECT INFORMATION**

(Form IGS 1)

(5) Applicant Agency: \_\_\_\_\_

Address: \_\_\_\_\_

2. Project Director: \_\_\_\_\_ Tele # \_\_\_\_\_ Fax # \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

3. Fiscal Officer: \_\_\_\_\_ Tele # \_\_\_\_\_ Fax # \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

4. Project Period: From \_\_\_\_\_ To \_\_\_\_\_

5. Federal Purpose Number: \_\_\_\_\_ Program Title \_\_\_\_\_

\_\_\_\_\_

6. Identify Counties and/or Cities in Which Program Will Operate: \_\_\_\_\_

\_\_\_\_\_

7. If the Project is Multi-County/City indicate the Contracting Applicant Agency \_\_\_\_\_

\_\_\_\_\_

Other Involved Agencies \_\_\_\_\_

8. Population or Clients to be Served \_\_\_\_\_

9. This Program will be a \_\_\_\_\_ New Activity, \_\_\_\_\_ Enhancement of Existing Activities,  
or \_\_\_\_\_ Continuation of Project # \_\_\_\_\_ Ending Date \_\_\_\_\_

10. Federal Funds Requested \$ \_\_\_\_\_ State Match \$ \_\_\_\_\_

Local Match \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

(6) Prior 12-Month Budget for the Service or Activity \_\_\_\_\_

12. Source of Matching Funds \_\_\_\_\_

\_\_\_\_\_

13. Project Summary \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INSTRUCTIONS FOR COMPLETING  
JUSTICE ASSISTANCE  
GENERAL PROJECT INFORMATION  
(Form IGS 1)

The following application forms are to be fully completed in order for you to begin your Justice Assistance Program project. Please fully complete all parts of the application. No grant can be awarded until the application package is correct and complete. Each form to be completed is preceded by a set of instructions.

1. Name, address and primary telephone number of the agency or organization which is applying for the subgrant. If the application is for the local government portion of the federal money, the applicant must be a county judge, mayor, city manager, etc. Show both physical location and mailing address if different.
2. Enter the Project Director's name. The person who will be directly responsible for administering the project, and who will be responsible for to DFA-IGS for planning and Implementing the project.
3. Enter the Fiscal Officer's name. The person who will be responsible for and can be contacted on matters relative to disbursements and financial records.
4. Enter the project period (the length of the project from start to finish). The project may be Short i.e. three months, or may be longer i.e. up to 12 months.
5. There are six purpose areas. In this space, enter the specific number of the Federal Purpose Area you selected.

Based on the purpose area you have selected in item 5, enter the title of the Program.

6. Enter (identify) the county (ies) in which your Project will operate.
- (7) If your Project is a multi-county/city effort, indicate the "Contracting Applicant Agency" and all other local and/or State agencies involved.
8. Enter the total population (or clients) your project will serve. (If city-enter population, if county (ies) enter county (ies) population, etc.
9. Indicate whether the federal funds you request will be used for a new drug enforcement activity, for an enhancement of an existing drug enforcement activity or for continuation of a previously funded project.
- (8) Based on the budget you have estimated, enter the Federal (\$) dollar amount of your project cost, the (\$) dollar amount that you will use as State Match and Local Match, and the Total (\$) dollar amount you are requesting for your project.
11. Enter the prior year budget for the service or activity, if your project is an enhancement of an existing drug enforcement activity. Enter only the amount for the previous 12 months.
- (9) Specify the source of your matching funds. (State and local units of government must have a binding commitment of matching funds for each project.)

At the time this application is submitted, you should have a commitment for matching funds. An appropriation will probably be required, showing an appropriation number, and ordinance number, and title(s).

- (10) Prepare in the space provided a summary description of your project.

## ITEMIZED PROJECT BUDGET NARRATIVE

**SALARY/FRINGE BUDGET NARRATIVE**

(Form IGS 2)

If the proposed subgrant budget entails Salary/Fringe related costs, please respond to the statement below.

☐

If the proposed budget does not contain Salary/Fringe, please check here.

---

Explain how each budgeted item (federal and matching) relates to the stated project goals and objectives. If additional pages are required please number accordingly (see Application Packet).

## ITEMIZED PROJECT BUDGET NARRATIVE

**MAINTENANCE AND OPERATION BUDGET NARRATIVE**

(Form IGS 2-A)

If the proposed subgrant budget entails M & O related costs, please respond to the statement below.

☐

If the proposed budget does not contain M & O, please check here.

---

Explain only the items of M & O which you feel may require an additional explanation i.e. (unusual items, high cost items, etc.) Think in terms of a funding committee understanding your request. If additional pages are required please number accordingly (see Application Packet).

## ITEMIZED PROJECT BUDGET NARRATIVE

**TRAVEL/TRAINING BUDGET NARRATIVE**

(Form IGS 2-B)

If the proposed subgrant budget entails Travel/Training related costs, please respond to the statement below.

☐

If the proposed budget does not contain Travel/Training, please check here.

---

Explain how each budgeted item (federal and matching) relates to the stated project goals and objectives. If additional pages are required please number accordingly (see Application Packet).

**NOTE:**

- (1) Daily business travel should be included in the M & O category.
- (2) As referenced in the RFP – Restriction #6 – “Grant and/or Grant Matching Funds May Not Be Used For Out of State Travel for Training, Conferences, Seminars or Conventions”, unless prior approval by the Law Enforcement Committee.

14  
ITEMIZED PROJECT BUDGET NARRATIVE

**CONTRACT SERVICES BUDGET NARRATIVE**  
(Form IGS 2-C)

If the proposed subgrant budget entails Contract Services related costs, please respond to the statement below.

☐

If the proposed budget does not contain Contract Services, please check here.

---

Explain how each budgeted item (federal and matching) relates to the stated project goals and objectives. If additional pages are required please number accordingly (see Application Packet).

**NOTE:**

(3) This category must be used for Personnel funded with subgrant funds but not on the subgrantee payroll, i.e. "any person paid by subgrant funds and working for the DTF whose payroll remains the responsibility of his/her employer is considered to be Contract Services.

(4) Please refer to the following Additional Restrictions listed in the RFP:

*#1 Health Insurance Capped @ \$325 Per Subgrant Position, Per Month – (EMPLOYEE ONLY). If not paid to an insurance carrier or health maintenance organization, any payment directly to an employee is to be considered income subject to withholding.*

*#2 If Sufficient Funds Are Available Employee Raises Will Be Limited To The Percentage Allowed By Current State Law. The Current Limit is 2.7%, unless budgetary revisions occur. Contractual Employee Positions Obtained Through Contracts Will Be Held To The Same Limitations As Regular Employees.*

*#3 Overtime Capped @ 10% Of Total Approved Salary For Each Certified Field Investigator. Supervisory And Administrative Support Personnel Are Not Eligible For Overtime Compensation.*

*#8 Grant And/Or Grant Matching Funds May Not Be Used For Purchasing Attorney Services.*

*#9 Grant Funds And/Or Grant Matching Funds May Not Be Used To Make Overtime Payments To Chiefs Of Police Or County Sheriffs.*

*#10 All Applications Must Include Contract and Grant Disclosure and Certification Form for all Employees.*

15  
ITEMIZED PROJECT BUDGET NARRATIVE

**EQUIPMENT BUDGET NARRATIVE**  
(Form IGS 2-D)

If the proposed budget entail Equipment related cost, please respond to the statement below.

☐

If the proposed budget does not contain Equipment, please check here.

---

Explain how each budget item (federal and matching) related to the stated project goals and objectives. If additional pages are required please number accordingly (see Application Packet).

16  
ITEMIZED PROJECT BUDGET NARRATIVE

**CONFIDENTIAL EXPENDITURES BUDGET NARRATIVE**  
(Form IGS 2-E)

If the proposed subgrant budget entails Confidential Expenditures related costs, please respond to the statement below.

☐

If the proposed budget does not contain Confidential Expenditures, please check here.

---

Explain how each budgeted item (federal and matching) relates to the stated project goals and objectives. Describe how confidential funds will be handled by your agency. Include your method of accounting for these funds i.e. (how funds are obtained, disbursements to agents, reconciliations, etc.). If additional pages are required please number accordingly (see Application Packet).



(Form IGS 3)

AGENCY NAME: \_\_\_\_\_

FEDERAL
STATE
LOCAL
TOTAL

[illegible]

**\*Please do not insert any information outside borderline.  
(Audit costs should be shown on budget)**

INSTRUCTIONS  
FOR COMPLETION OF  
**DETAILED PROGRAM BUDGET**  
(Form IGS 3)

Please review these instructions together with the attached example when you begin to work on Form IGS-3. This should make it easier for you to complete the form. As you get into the project you will find that some of these items, and their cost, will change. When this occurs, your budget can be adjusted.

- (11) Budgets should reflect **only TOTALS by line item**. Total Project Cost should be allocated by Federal, State and/or Local funds. (See Attached Example).
- (12) List all personnel positions to be paid for in part or in full with project funds.
- (13) Project the salaries of these personnel from the project start date or later hire date if applicable, through the end of the project. If any are to be part-time employees, show the estimated time, in hours, days, weeks or month, that they will be paid.
- (14) List the fringe benefit items for the positions in item one (1). Estimate the cost of each fringe benefit item. Please itemize the fringe benefit items.
- (15) List each maintenance and operation item, and its estimated cost, that you anticipate needing over the course of the project period. Maintenance and operations should include consumable supplies, telephone, rent, utilities, postage, software lease, etc. Any hardware or equipment costing less than \$500 should be considered to be a maintenance and operating expense. (Note: In some cases the particular item that is classified as maintenance and operations, travel or equipment may be different between the state government definition and that of local governments. Please use the definitions as described in these instructions for categorizing the various items of expenditure).
- (16) All personnel expenses related to training/travel should be listed under the training/travel category. Travel expense includes airfare, room and board while traveling, and mileage reimbursement. The cost of operating and repairing a publicly owned vehicle is a maintenance and operations item. Registration fees for meetings and conferences are travel expenses. (See item #9 following regarding travel-type expenses during undercover operations).
- (17) Each item or set of items with a unit cost of \$500 or more should be shown as equipment and hardware. This would include furniture, office equipment, firearms, surveillance equipment, vehicles, etc. The subgrantee, at its discretion, may choose a lower level of capitalization for purposes of inventory control.
- (18) Contractual services will include research, accounting services, and payments for services to people not on the payroll of a participating public agency. In some cases full-time investigators and/or undercover officers may work for a grantee under a personal or professional services

contract. Also employees of a government agency may contract for services in an extra job capacity. This would not include payments made to informants as part of an undercover operation.

- (19) Recent changes in Office of Management and Budget (OMB) Circular A-133 affects the use of federal funds in paying for audits. The audit of your grant will be handled in one of the two following ways.

#### AUDIT STATUS ONE: PROJECT AUDIT COST

If the federal fund **expenditures** for your organization (i.e., City of Malvern, Columbia County, Office of the Prosecuting Attorney, State Crime Laboratory) is less than \$500,000 from all federal sources, you cannot use Justice Assistance grant funds to pay audit expenses. However, because it is the policy of the Department of Finance and Administration that all Justice Assistance Grants will be audited, the Department will arrange for and pay for the audit of your Justice Assistance grant. When DFA has contracted for an auditor, you will be notified of the approximate time when the auditor will review your records. Please do not include audit cost within your budget.

#### AUDIT STATUS TWO: OVERALL SINGLE AUDIT COST

If the federal fund **expenditures** for your organization exceed \$500,000 from all sources during the fiscal year, you must arrange for a single audit of all federal funds. In such cases, Justice Assistance grant funds may be used to pay for an equitable share of the overall single audit cost, although you may choose to cover the total audit cost from your own resources. If you choose to use JAG funds to pay for an equitable share of your single audit, those funds will be reserved by Intergovernmental Services, and will not be available until the audit is completed and approved.

#### AUDIT CERTIFICATION: FORM CER-3 AUDIT COST

Included within this application package is a form labeled CER-3 Audit Cost. You must complete this form to show your status according to AUDIT STATUS ONE or AUDIT STATUS TWO above. Once your grant becomes active, you must notify Intergovernmental Services immediately if your audit status changes.

- (10) Confidential expenditures, include the purchase of information, purchase of evidence (drugs), and the purchase of services for a narcotics officer or informant. Such services may include food, lodging, travel, entertainment, housing, business fronts, etc., as necessary to perform undercover activities. Confidential expenditures will usually be made as cash or through non-traceable credit cards. Confidential expenditures are shown on these forms as one lump-sum item.

Please see JAG Example Budget

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**PROBLEM STATEMENT/HISTORICAL DATA**  
(Form IGS 4)

1. Develop a ½-typed page of a project “problem statement”. Describe the nature and extent of the problem to be addressed and improvements needed to address the problem. The purpose of this statement is to develop a clear, concise picture of the problem or gap in services or benefits that will be addressed using grant funds. This section also should describe approaches taken thus far to address the problem. The description of the problem should be supported by an analysis of statistical data and/or other factual information or relevant literature. The sources or methods used for assessing the problem also should be listed and described. . If additional pages are required please number accordingly (see Application Packet).

**(If you are a “continuing project” also complete Item 2.)**

2. Prepare a three to five-page narrative explanation of what your project has accomplished during the course of your grant(s). In addition to or within the narrative, you may include data relative to drug purchases, drugs confiscated, arrests for various charges, convictions, sentences, impact on the drug supply, impact on the volume of drug dealers, police agencies actively involved, counties covered, inter-Drug Task Force coordination activities, clients served, services rendered, clients rehabilitated, persons trained, innovative processes developed, etc. If additional pages are required please number accordingly (see Application Packet).

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**GOALS AND OBJECTIVES/CRITICAL ELEMENTS**  
(Form IGS 5)

GOALS AND OBJECTIVES

CRITICAL ELEMENTS

INSTRUCTIONS  
GOALS AND OBJECTIVES  
CRITICAL ELEMENTS  
(Form IGS 5)

Each project developed within a certified program must be composed of various parts. A brief discussion of each part follows. The applicant should refer to Federal Regulations for more guidance on the required content. If additional pages are required please number accordingly (see Application Packet).

Goals and Objectives

A goal is a broad descriptive statement of what is to be accomplished, with objectives being measurable statements which show, piece by piece, how the goal will be accomplished.

Critical Elements

When preparing the application include only those work elements that are essential (critical) to complete your project.

Critical elements are not the parts of your work plan but only the components of your project. As an example, when constructing a building the critical elements would include a roof, walls, floor, etc. The work plan would be the step by step process of planning, ordering materials, and assembly of the building.

IMPLEMENTATION PLAN  
(Form IGS 6)

AGENCY NAME: \_\_\_\_\_

Work Item #

Work Item #

Work Item #

REVISED: 03/03

INSTRUCTIONS  
IMPLEMENTATION PLAN  
(Form IGS 6)

The Implementation Plan is a step by step narrative description of the work you will be performing to complete your project. The Implementation Plan should be organized in such a way and in sufficient detail as to fully and clearly explain the work to be performed during the project period. It should contain work items, methods to be employed, and results to be accomplished.

The subgrantee is given latitude in designing a workplan so long as it shows how the goals and objectives are addressed, how the critical elements are being fulfilled, and how progress and/or completion can be measured. You should also address the program performance measures in the work items.

The Implementation Plan should be thought of in terms of "What are the things I have to do to start and complete this project?", rather than in terms of the overall management of the project, such as "operate a multi-county task force".

The subgrantee will be required to file semi-annual narrative progress reports that show the progress of the project item by item. The work items that continue throughout the project may be listed as "continuous". You may use additional pages as necessary to complete the Implementation Plan but please number them accordingly (see Application Packet).

Here are some examples that might be used by a multi-jurisdictional task force:

WORK ITEM #1: Organizing and Implementation

- Signing of Intergovernmental Agreement
- Formation of Task Force Control Group and Completion of an Operating Procedure Manual by Participating Agencies
- Develop Internal Policies and Procedures
- Staffing and Equipment Procurement

WORK ITEM #2: Operations

- Control Group meets and reviews/selects investigations/cases
- Information gathering; build informant network
- Conduct "buys" or "stings" to build cases
- Begin making arrests and "busts"

WORK ITEM #3: Prosecution

- Present cases to prosecutors
- Present evidence and testimony

WORK ITEM #4:

- Complete project activities
- Review/evaluation by Control Group of project activities
- Begin closeout procedures

**INSTRUCTIONS**  
**PERFORMANCE MEASURES**  
(Form IGS-7)

Currently, the JAG Program has no written performance measures. The Department of Justice, Bureau of Justice Assistance (BJA) is in the process of writing performance measures to be used with the new purpose areas. You will need to develop performance measures that demonstrate the effectiveness of your project. Performance measures will be reviewed for content when your application is received. If additional pages are required number them accordingly (see Application Packet).

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**PERFORMANCE MEASURES**  
(Form IGS-7)

**CERTIFIED ASSURANCES**

Page 1 of 3

1. The applicant assures that federal justice assistance funds made available under the Anti-Drug Abuse Act will not be used to supplant state and local funds, but will be used to increase the amounts of such funds that would, in the absence of federal funds, be made available for justice assistance activities;
2. The applicant assures that fund accounting, auditing, monitoring, and such evaluation procedures as may be necessary to keep such records as the Bureau of Justice Assistance and the Department of Finance and Administration shall prescribe shall be provided to assure fiscal control, proper management, and effective disbursement of funds received under the Act;
3. The applicant assures that it shall maintain such data and information and submit the prescribed reports in the prescribed formats at the prescribed times as the Bureau of Justice Assistance and the Department of Finance and Administration may require;
4. The applicant assures that at the end of each federal fiscal year that the project is in force, and at the end of the project period, it will submit a performance report to the Department of Finance and Administration in a manner to be prescribed;
5. The applicant certifies that the program contained in this application meets all the requirements, and that all the information is correct, and that the applicant will comply with all provisions of the Anti-Drug Abuse Act of 1986 and all other applicable state and federal laws;
6. The applicant assures that before any budgetary or programmatic amendment is made to an approved program, it will submit such an amendment to the Department of Finance and Administration for review;
7. The applicant assures that it will comply, and all its subgrantees and contractors will comply, with any applicable statutorily-imposed non-discrimination requirements, which may include the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. § 3789(d)); the Victims of Crime Act (42 U.S.C. § 10604(e)); The Juvenile Justice and Delinquency Prevention Act of 2002 (42 U.S.C. § 5672 (b)); the Civil Rights Act of 1964 (42 U.S.C. § 2000d); the Rehabilitation Act of 1973 (29 U.S.C. § 7 94); the American with Disabilities Act of 1990 (42 U.S.C. § 12131-34); the Education Amendments of 1972 (20 U.S.C. § 1681, 1683, 1685-86); and the Age Discrimination Act of 1975 (42 U.S.C. §§ 6101-07); see Ex. Order 13279 (equal protection of the laws for faith-based and community organizations).
8. The applicant assures that in the event a federal or state court or federal or state administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office of Civil Rights Compliance (OCRC) of the Office of Justice Programs;
9. The applicant assures that if it is required to formulate an Equal Employment Opportunity Program (EEOP) in accordance with 28 CFR 42.301, et. seq., it should submit a certification to the state that it has a current EEOP on file which meets the requirements therein;
10. The applicant assures that it will comply with the provisions of the Department of Finance and Administration's "Justice Assistance Subgrant Procedures and Financial Management Guidelines";
11. The applicant assures that it will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part II, Applicability of Office of Management and Budget Circulars; Part 18, Administrative Review Procedure; Part 20, Criminal Justice Information Systems; Part 22,

**CERTIFIED ASSURANCES**

Page 2 of 3

Confidentiality of Identifiable Research and Statistical Information; Part 23, Criminal Intelligence Systems Operating Policies; Part 30, Intergovernmental Review of Department of Justice Programs and Activities; Part 42, Nondiscrimination Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; and Part 63, Floodplain Management and Wetland Protection Procedures;

12. The applicant assures that in addition to all other audit requirements, it will allow the Division of Legislative Audit or any other independent or internal auditors of the Department of Finance and Administration to have access to the applicant's records and financial statements;
  - (A) as may be necessary for the Department of Finance and Administration to comply with the 1996 Single Audit Act Amendments and Circular A-133, and other rules and/or regulations governing financial accounting and auditing guidelines, principles, and procedures; and
  - (B) as may be requested by the Department of Finance and Administration to comply with any State or local government rules and/or regulations;
13. The applicant assures that it will fully participate in the compilation of statistical information as required by state agencies, i.e., providing complete finger print arrest information;
14. The applicant assures that both federal and matching funds used for this project will be used exclusively to support defined drug law enforcement activities, and will not be used to support any general purpose law enforcement or other activity maintained by the applicant;
15. The applicant assures that if the grant funds are used to support a Task Force, the Task Force Board of Directors or 'Control Group' will hold regularly scheduled meetings at least monthly, and will provide the State Drug Director with copies of the agenda and minutes of each meeting;
16. The applicant assures that if grant funds are used to support a Task Force, the Task Force Administrator and the Board of Directors will develop and/or maintain a detailed policy and procedures manual for the guidance of task force operations.
17. The applicant assures that all proposals for out of state travel for conference and training will be submitted to the Arkansas Law Enforcement Committee for approval prior to any expense being incurred.
18. The applicant agrees to comply with the provisions of the federal Fair Labor Standards Act regarding the preparation and retention of time and attendance records affecting persons employed through financial assistance provided by the grant. The applicant also agrees to accept full responsibility for any compensatory time allowance or overtime pay obligations for persons employed within the project not funded by the grant.

**CERTIFIED ASSURANCES**

Page 3 of 3

19. The applicant agrees that no officer or employee of its agency shall be involved in a decision that affects the applicant during the time of employment with the knowledge that there is an opportunity to further their interest as set forth in the Department of Justice, Office of Justice Programs Financial Guide.

**CERTIFICATION**

I certify that the program proposed in this application meets applicable requirements of the Anti-Drug Abuse Act, that all the information presented is correct, and that the applicant will comply with the provisions of the Act and all other applicable federal laws and applicable state laws and regulations.

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(Signature of Contracting Official)

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(Date)

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(Typed Name)

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(Title)

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(Address)

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(Area Code/Telephone Number)

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(Area Code/Fax Number)

**CERTIFICATION OF AUDIT COST**

As the Contracting Official for a Justice Assistance Program subgrant to the organization listed below, I certify that the OMB Circular A-133 audit status is an accurate projection of federal fund expenditures for the fiscal year impacted by this grant, based on information presently available to me. Based on these projections, the audit status of the referenced organization will be as indicated below.

\_\_\_\_\_ **AUDIT STATUS ONE: PROJECT AUDIT COST**

The applicant agency will expend less than \$500,000 from all federal sources during its fiscal year. The Department of Finance and Administration will contract for audit services applicable to the Justice Assistance Program subgrant. The applicant will not budget audit funds.

\_\_\_\_\_ **AUDIT STATUS TWO: OVERALL SINGLE AUDIT COST**

A single audit must be procured by the applicant agency when the applicant agency expends \$500,000 or more in federal funds from all sources during its fiscal year. Under these circumstances, the applicant agency may take one of two courses in paying for single audit costs. Check either (A) or (B) below to show your intent.

(A) \_\_\_\_\_ The applicant agency will pay for the cost of the single audit from its own resources.

(B) \_\_\_\_\_ The applicant agency will develop an equitable formula for assigning single audit cost to each federal program from which grants are received.

If you checked item (B), complete the grants listing below for your most recent fiscal year, even if you must use estimated data. This information will serve to verify the need for a single audit of your finances during the fiscal year this grant will be active.

**FEDERAL FUNDS EXPENDITURES**

<u>Name of Federal Agency</u>	<u>Most Recent Fiscal Year</u>	<u>Federal Dollars Expended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Use supplementary listing if needed)

ESTIMATED TOTAL COST OF SINGLE AUDIT \$\_\_\_\_\_

ESTIMATED SHARE OF SINGLE AUDIT COST  
TO BE PAID WITH JAG GRANT FUNDS \$ \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Contracting Official

\_\_\_\_\_  
Title and Organization

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS**

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under CFR Part 69, "New Restriction on Lobbying" and 28 CFR Part 67, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Justice determines to award the covered transaction, grant, or cooperative agreement.

**1. LOBBYING** As required by Section 1352, Title 31 of the U.S. Code, and implemented at 28 CFR Part 69, for person entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;

(b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form – LLL, "Disclosure of Lobbying Activities," in accordance with its instruction:

## **2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (DIRECT RECIPIENT)**

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510

A. The applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of record, making false statements or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any other offenses enumerated in paragraph (1) (b) of this certification; and (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify any of the statements in this certification, he or she shall attach an explanation to this application.

**3. DRUG-FREE WORKPLACE (SUBGRANTEES OTHER THAN INDIVIDUALS)**

The prospective Subgrantee Agency certifies, by submission of this proposal, that it will comply with the Drug-Free Workplace Act of 1988, as implemented at 28 CFR Part 67, Subpart F, for grantees, as defined at 28 CFR Part 67 Sections 67.615 and 67.620.

As the duly authorized representative of the agency, I hereby certify that the applicant will comply with the above certifications.

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(Signature of Contracting Officer)

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(Date)

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(Typed Name)

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(Title)

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(Address)

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(Area Code/Telephone Number)

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(Area Code/Fax Number)

## NARCOTICS TRAFFICKING TASK FORCE INTERGOVERNMENTAL AGREEMENT

The undersigned public agencies, charged with the duty of enforcing the law and protecting their citizens from illegal activity, and recognizing that the jurisdiction and authority of each is limited and that such limitations are detrimental in combating crime within the designated counties and among the major municipalities within said counties, and recognizing that the problem can be most effectively combated by the pooling of their resources and the joint exercise of their respective authorities; they and each of them do now enter into this Intergovernmental Agreement to provide to their citizens the most effective law enforcement protection against those who engage in actions detrimental to public safety.

For and in consideration of the terms herein set forth and the mutual covenants and obligations of the Parties hereto, it is agreed by and among the undersigned Parties the following:

PARTIES. Parties to this agreement are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AUTHORITY. Parties hereby enter into this Agreement in accordance with the authority vested in them by the Constitution of the State of Arkansas.

PURPOSE. Purpose of this agreement is to create a multi-jurisdictional authority to be known as the

\_\_\_\_\_  
The Task Force will direct its primary enforcement efforts in the following areas:

- A. Covert and overt investigations concerning individuals engaged in illicit criminal activities in the \_\_\_\_\_ area with specific emphasis on \_\_\_\_\_ activity.
- B. Development of intelligence data regarding criminal activity in the area.
- C. Assimilation and maintenance of intelligence files regarding such criminal activity.
- D. Dissemination of intelligence activities to the appropriate federal, state, and local law enforcement agencies.
- E. Establishment of liaison with the State Attorney's Office(s) and the United States Attorney's Office for legal advice and encouragement of vigorous prosecution of developed cases.
- F. At a minimum, the participating agency task force must include a federal agency (DEA) and state agency (ASP) linkages.

GUIDELINES OF OPERATION. The Task Force should develop, adopt and maintain a formal Policy, Procedure and Rules Manual, prior to project commitment. Guidelines should include established policies and regulations of the U. S. Department of Justice and the State Department of Finance and Administration.

TERMINATION/MODIFICATION OF AGREEMENT. This agreement may be terminated by any of the parties for good cause shown by notice in writing given to other parties thirty days prior thereto. Deletions, additions or modifications to this agreement must subsequently be incorporated herein and must be approved by each of the parties referenced above.

In consideration of the \_\_\_\_\_

and in accordance with the terms, conditions and obligations set forth above, the undersigned parties do hereby agree to the operation of the \_\_\_\_\_

from and after \_\_\_\_\_ through \_\_\_\_\_.

Task Force Title: \_\_\_\_\_

Signature : \_\_\_\_\_

Title : \_\_\_\_\_

Agency : \_\_\_\_\_

Date : \_\_\_\_\_

Signature : \_\_\_\_\_

Title : \_\_\_\_\_

Agency : \_\_\_\_\_

Date : \_\_\_\_\_

Signature : \_\_\_\_\_

Title : \_\_\_\_\_

Agency : \_\_\_\_\_

Date : \_\_\_\_\_

Signature : \_\_\_\_\_

Title : \_\_\_\_\_

Agency : \_\_\_\_\_

Date : \_\_\_\_\_

Signature : \_\_\_\_\_

Title : \_\_\_\_\_

Agency : \_\_\_\_\_

Date : \_\_\_\_\_

**CERTIFICATION OF EMPLOYMENT OF QUALIFIED PERSONNEL**

By acceptance of this grant provided through the Edward Byrne Memorial Justice Assistance Grant Program (Justice Assistance Program) I certify the following:

- 1) All personnel employed on a salaried or contractual basis, and who function as law enforcement personnel under my authority for the purposes identified in this grant will be currently certified by the Arkansas Law Enforcement Training Academy, are in training at the Arkansas Law Enforcement Training Academy, or have applied and are awaiting admission to the Academy.

For those personnel who are not certified and who are awaiting admission to the Academy, I agree to their participation in training activities designated as mandatory pre-Academy training by the Law Enforcement Committee of the Arkansas Alcohol and Drug Abuse Coordinating Council.

- 2) All personnel other than attorneys and law enforcement officers who are employed for purposes identified in this grant and who are paid from grant or grant matching funds have been determined to be qualified for the position they hold, based on my review of their education, training and experience.

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Printed Name

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Title

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Signature of Contracting Official

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Date

**CERTIFICATION OF THIRD PARTY MATCHING FUNDS**

Within the grant assisted 2005 operating budget of the \_\_\_\_\_ Task Force is \$\_\_\_\_\_ in funds generated by and/or provided to the Task Force. Following is a summary of the source(s) and amount(s) by source of these funds.

<u>Source of Funds</u>	<u>Amount</u>
(1) _____	\$ _____
(2) _____	\$ _____
(3) _____	\$ _____
(4) _____	\$ _____
(5) _____	\$ _____
(6) _____	\$ _____
(7) _____	\$ _____
(8) _____	\$ _____
(9) _____	\$ _____
(10) _____	\$ _____
(11) _____	\$ _____
(12) _____	\$ _____
Total	\$ _____

As the contracting official for the \_\_\_\_\_ Task Force, I hereby certify the above accounting of funds is accurate and will be used for operating expenses of the Task Force during the grant period referenced in the attached grant award letter.

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 Signature of Contracting Official

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 Title

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 Date